

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587735

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3						
4						
5						
6	1					
7		1				
8						
9						
10						
11	1					
12						
13						
14						
15						
16	1					
17						
18						
19						
20						
21						
22						
23						
24						
25		1				
26	1					
27		1				
28	1					
29		1				
30		1				
31	1					
32	1					
33						
34		1				
35		1				
36	1					
37	1					
38		1				
39		1				
40		1				
41	1					
42		1				
43		1				
44		1				
45		1				
46	1					
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52			1			
53			1			
54	1					
55	1					
56			2			
57			2			
58			2			
59			2			
60			2			
61			2			
62			2			
63	1					
64			1			
65			1			
66			1			
67	1					
68			1			
69			1			
70			1			
71			1			
72	1					
73	1					
74	1					
75	1					
76	1					
77	1					
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			23			
TOTAL DEP.			61			
TOTAL CLAIMS			84			